24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48				
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼				
National Nurses United for Patient Protection					
	C C00490375				
Check if 24-hour report X 48-hour report New report Amends report filed on					
Full Name of Payee	Date of Public Distribution/Dissemination				
California Nurses Association	M M / D D / Y Y Y Y				
Mailing Address 2000 Franklin Street	12 07 2015 Amount				
	Amount				
City State Zip Code	100.00				
Oakland CA 94612	Transaction ID : D691082 Date of Disbursement or Obligation				
Purpose of Expenditure Online advertising Category/ Type	12 09 7 2015				
Name of Federal Candidate Support Office	e Sought: House District: 00				
Bernie Sanders Oppose	President Senate State: DC				
Calendar Year-To-Date Per Election for Office Sought Disbut 2016	ursement For:				
Full Name of Payee	Date of Public Distribution/Dissemination				
Electrum Resources	12				
Mailing Address 23535 Maysville Rd					
	Amount				
City State Zip Code	1850.00				
Maysville IA 52773-9767	Transaction ID : D691560 Date of Disbursement or Obligation				
Purpose of Expenditure Printing Category/	M - M / D - D / Y - Y - Y				
Type	12 16 2015				
Name of Federal Candidate Support Office	e Sought: House District: 00				
Bernie Sanders Oppose	President Senate State: DC				
	ursement For: X Primary General				
Per Election for Office Sought 10591.18 2016	Other (specify)				
(a) SUBTOTAL of Itemized Independent Expenditures	1950.00				
(a) SSTONE of homeon independent Exponditures	1300.00				
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures					
	72 72 75				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Carolyn Hietamaki	M / D D / Y Y Y Y				
[Electronically Filed] Date Signature	2015				
-					

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

				FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection				FEC IDENTIFICATION NUMBER ▼		
INali	onal Nuises Office for Fatient Frotection			C C00490375		
Check	if 24-hour report X 48-hour report New report	t Amends repo		M / D = D / Y = Y = Y		
Fu	II Name of Payee		Date of	of Public Distribution/Dissemination		
John Murray Productions				12 / 18 / 2015 Amount		
Ma	Mailing Address 1196 32nd Street					
Cit	ry State Z	Zip Code		6903.68		
	Emeryville CA 94608			Transaction ID : D691557 Date of Disbursement or Obligation		
	rpose of Expenditure vent production and staging	Category/ Type		12 / 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Na	me of Federal Candidate	X Support	Office Sough	t: House District: 00		
В	ernie Sanders	Oppose	X Preside	ent Senate State: DC		
	Calendar Year-To-Date Per Election for Office Sought	0591.18	Disbursement 2016	t For: X Primary General		
Fu	II Name of Payee			of Public Distribution/Dissemination		
	California Nurses Association		M			
Ma	ailing Address 2000 Franklin Street		Amou			
Cit	ty State Z	Zip Code	— I	50.00		
	Oakland CA 94612			Transaction ID : D691558 Date of Disbursement or Obligation		
	rrpose of Expenditure Inline advertising	Category/ Type		12 / 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Na	ame of Federal Candidate	X Support	Office Sough	t: House District:00		
В	ernie Sanders	Oppose	X Preside	ent Senate State: DC		
	Calendar Year-To-Date Per Election for Office Sought	10591.18	Disbursemen 2016 O	t For:		
(a)	SUBTOTAL of Itemized Independent Expenditures		· [6953.68		
(b) SUBTOTAL of Unitemized Independent Expenditures						
(c)	TOTAL Independent Expenditures		· [7 1 7 1 7		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
	Carolyn Hietamaki [Electronic	ally Filed] Date	M M / / 12	18 / Y = Y = Y = Y = Y = Y		
(Signature					

PAGE

OF

3

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

ooneddie Ej	FOR SE OF FORM 24/48				
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection					
National Nurses United for Patient Protection	C C00490375				
Check if 24-hour report X 48-hour report New report Amends report filed on					
Full Name of Payee	Date of Public Distribution/Dissemination				
ELead Resources	12 18 2015				
Mailing Address 314 W Superior St	Amount				
City State Zip Code	1687.50				
Chicago IL 60654	Transaction ID : D691559 Date of Disbursement or Obligation				
Purpose of Expenditure Printing & shipping Category/ Type	12 / 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Name of Federal Candidate Supp	port Office Sought: House District: 00				
Bernie Sanders Oppo	ose President Senate State: DC				
Calendar Year-To-Date Per Election for Office Sought 10591.18	Disbursement For: X Primary General 2016 Other (specify) ▶				
Full Name of Payee	Date of Public Distribution/Dissemination				
	Mam / Dad / Yayayay				
Mailing Address	Amount				
City State Zip Code					
	Date of Disbursement or Obligation				
Purpose of Expenditure Category/ Type	M = M / D = D / Y = Y = Y				
Name of Federal Candidate Sup	port Office Sought: House District:				
Орр					
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General				
i of Election for Office Sought	Other (specify) -				
(a) SUBTOTAL of Itemized Independent Expenditures					
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures	10591.18				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Carolyn Hietamaki [Electronically Filed]	Date 12 18 2015				
Signature					

PAGE 3

OF